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Bib Data Sheet

CONFIRMATION NO. 8128

SERIAL NUMBER 09/370,453	FILING OR 371(c) DATE 08/09/1999 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. GENITOPE-038
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 08/761,277 12/06/1996 PAT 5,972,334 and is a CIP of 08/644,664 05/01/1996 PAT 5,776,746

** FOREIGN APPLICATIONS ***** (none) *KA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY

** 08/25/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	26	10	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

23535

TITLE

VACCINES FOR TREATMENT OF LYMPHOMA AND LEUKEMIA

FILING FEE RECEIVED 460	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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